

Fill in this information to identify the case and this filing:

Debtor Name Ambassad of Lenox New York, Inc.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/05/2022
MM / DD / YYYY

X /s/ Fara Fall

Signature of individual signing on behalf of debtor

Fara Fall
Printed name

Principal

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Ambassad of Lenox New York, Inc.

United States

22-10386

(State)

Case number (If known): _____

 Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| | Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim | | |
|---|---|---|---|--|-----------------------------------|---|-----------------|
| | | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 1 | Lenox Ave Developments LLC c/o Lenox Ave Owner LLC 100 Park Avenue, Suite 2805 New York, New York 10017 | | | Disputed | | | \$164,586.00 |
| 2 | Southern Glazer's Wine & Spirit 313 Underhill Blvd. Syosset, New York 11791 | | | Disputed | | | \$24,000.00 |
| 3 | Con Edison 4 Irving Place New York, New York 10004 | | | Disputed | | | \$42,000.00 |
| 4 | New York State Department of Taxation and Finance Harriman Campus Road Albany, New York 12226 New York City Water Board | | --- | Disputed | | | \$480,000.00 |
| 5 | 59-17 Junction Blvd. Flushing, New York 11373 | | | Disputed | | | \$25,000.00 |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

Fill in this information to identify the case:

Debtor name Ambassad of Lenox New York, Inc.
Southern New York
United States Bankruptcy Court for the: 22-10386 District of (State)
Case number (If known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ 100,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ 0

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ 100,000.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ 0

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

480,000.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

255,586.00

+ \$ _____

4. **Total liabilities**.....

Lines 2 + 3a + 3b

735,586.00

\$ _____

Fill in this information to identify the case:

Debtor name . Ambassad of Lenox New York, Inc.
 Southern New York
 United States Bankruptcy Court for the: District of _____
 22-10386 (State)
 Case number (If known): _____

Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- No. Go to Part 2.
 Yes. Fill in the information below.

| All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest | | |
|--|------------------------------------|---------------------------------|----------|
| 2. Cash on hand | \$ 0 | | |
| 3. Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>) | | | |
| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
| 3.1. _____ | _____ | _____ | \$ _____ |
| 3.2. _____ | _____ | _____ | \$ _____ |
| 4. Other cash equivalents (<i>Identify all</i>) | | | |
| 4.1. _____ | \$ _____ | | |
| 4.2. _____ | \$ _____ | | |
| 5. Total of Part 1 | \$0 | | |
| Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. | | | |

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

| Description, including name of holder of deposit | Current value of debtor's interest |
|--|------------------------------------|
| 7.1. _____ | \$ _____ |
| 7.2. _____ | \$ _____ |

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
 8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - _____ = → \$ _____
 face amount doubtful or uncollectible accounts11b. Over 90 days old: _____ - _____ = → \$ _____
 face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____
 14.2. _____ \$ _____**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
 15.2. _____ % _____ \$ _____**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____ \$ _____
 16.2. _____ \$ _____**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Name _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?** No. Go to Part 6. Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|---|---|------------------------------------|
|---------------------|-------------------------------------|---|---|------------------------------------|

19. Raw materials_____
MM / DD / YYYY \$ _____ \$ _____**20. Work in progress**_____
MM / DD / YYYY \$ _____ \$ _____**21. Finished goods, including goods held for resale**_____
MM / DD / YYYY \$ _____ \$ _____**22. Other inventory or supplies**_____
MM / DD / YYYY \$ _____ \$ _____**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable? No
 Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?** No
 Yes. Book value _____ Valuation method _____ Current value _____**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?** No
 Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?** No. Go to Part 7. Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|---|---|------------------------------------|
|---------------------|---|---|------------------------------------|

28. Crops—either planted or harvested_____
\$ _____ \$ _____ \$ _____**29. Farm animals** Examples: Livestock, poultry, farm-raised fish_____
\$ _____ \$ _____ \$ _____**30. Farm machinery and equipment** (Other than titled motor vehicles)_____
\$ _____ \$ _____ \$ _____**31. Farm and fishing supplies, chemicals, and feed**_____
\$ _____ \$ _____ \$ _____**32. Other farming and fishing-related property not already listed in Part 6**_____
\$ _____ \$ _____ \$ _____

Debtor

Name

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | \$ _____ | _____ | \$ _____ |
| 40. Office fixtures | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | \$ _____ | _____ | \$ _____ |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | \$ _____ | _____ | \$ _____ |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |
| 43. Total of Part 7. | Add lines 39 through 42. Copy the total to line 86. | _____ | \$ _____ |
| 44. Is a depreciation schedule available for any of the property listed in Part 7? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 45. Has any of the property listed in Part 7 been appraised by a professional within the last year? | | | |
| <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

| General description <small>Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)</small> | Net book value of debtor's interest <small>(Where available)</small> | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
|---|---|---|------------------------------------|

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

49. Aircraft and accessories

| | | | |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
|-------|----------|-------|----------|

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

| |
|----------|
| \$ _____ |
|----------|

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Debtor

Name _____

Part 9: Real property**54. Does the debtor own or lease any real property?**

No. Go to Part 10.

 Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|---|------------------------------------|
| 341 Lenox Avenue, NY, NY 10027 | Commercial Lease | \$_____ | | \$_____ |
| 55.1_____ | _____ | \$_____ | _____ | \$_____ |
| 55.2_____ | _____ | \$_____ | _____ | \$_____ |
| 55.3_____ | _____ | \$_____ | _____ | \$_____ |
| 55.4_____ | _____ | \$_____ | _____ | \$_____ |
| 55.5_____ | _____ | \$_____ | _____ | \$_____ |
| 55.6_____ | _____ | \$_____ | _____ | \$_____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 100,000.00 _____

57. Is a depreciation schedule available for any of the property listed in Part 9? No
 Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No
 Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11.
 Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | \$_____ | _____ | \$_____ |
| 61. Internet domain names and websites | \$_____ | _____ | \$_____ |
| 62. Licenses, franchises, and royalties | \$_____ | _____ | \$_____ |
| 63. Customer lists, mailing lists, or other compilations | \$_____ | _____ | \$_____ |
| 64. Other intangibles, or intellectual property | \$_____ | _____ | \$_____ |
| 65. Goodwill | \$_____ | _____ | \$_____ |
| 66. Total of Part 10. | | | \$_____ |

Add lines 60 through 65. Copy the total to line 89.

Debtor

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____
_____ Tax year _____
_____ Tax year _____ \$ _____
\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 0 0 | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | \$ _____ | |
| 82. Accounts receivable. Copy line 12, Part 3. | \$ 0 _____ | |
| 83. Investments. Copy line 17, Part 4. | \$ 0 0 | |
| 84. Inventory. Copy line 23, Part 5. | \$ _____ 0 | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | \$ _____ 0 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | \$ _____ 0 | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ _____ | 100,000.00 |
| 88. Real property. Copy line 56, Part 9. → | | \$ _____ |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | \$ _____ 0 | |
| 90. All other assets. Copy line 78, Part 11. | + \$ _____ | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ _____ | 100,000.00 |
| | + 91b. | \$ _____ |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$ 100,000.00 |

Fill in this information to identify the case:

Debtor name Ambassad of Lenox New York, Inc.
 United States B Southern New York
 (State)
 Case number (If known): 22-10386

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**2.1 Creditor's name****Describe debtor's property that is subject to a lien**

| Column A | Column B |
|--|--|
| Amount of claim | Value of collateral that supports this claim |
| Do not deduct the value of collateral. | |

\$ _____ \$ _____

Describe the lien**Creditor's email address, if known****Is the creditor an insider or related party?**

- No
 Yes

Date debt was incurred**Is anyone else liable on this claim?****Last 4 digits of account number**

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?**As of the petition filing date, the claim is:**

- No

- Yes. Specify each creditor, including this creditor, and its relative priority.

Check all that apply.

- Contingent
 Unliquidated
 Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

\$ _____ \$ _____

Creditor's mailing address**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- No
 Yes

Date debt was incurred**Is anyone else liable on this claim?****Last 4 digits of account number**

- No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?**As of the petition filing date, the claim is:**

- No

- Yes. Have you already specified the relative priority?

- No. Specify each creditor, including this creditor, and its relative priority.

Check all that apply.

- Contingent
 Unliquidated
 Disputed

- Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Ambassad of Lenox New York, Inc.
 Southern New York
 United States 22-10386 (State)
 Case number
 (If known)

Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

New York State Department of Taxation
Harriman Campus Road
Albany, New York 12226

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ 480,000.00 Priority amount 480,000.00

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Is the claim subject to offset?

- No
- Yes

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Is the claim subject to offset?

- No
- Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account
number _____

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____ \$ _____

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Is the claim subject to offset?

- No
- Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|------------|--|---|
| 3.1 | Nonpriority creditor's name and mailing address Lenox Ave Developments LLC c/o Lenox Ave Owner LLC 100 Park Avenue, Suite 2805 New York, New York 10017 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.2 | Nonpriority creditor's name and mailing address Southern Glazer's Wine & Spirit 313 Underhill Blvd. Syosset, New York 11791 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.3 | Nonpriority creditor's name and mailing address Con Edison 4 Irving Place New York, New York 10004 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.4 | Nonpriority creditor's name and mailing address New York City Water Board 59-17 Junction Blvd. Flushing, New York 11373 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.5 | Nonpriority creditor's name and mailing address _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.6 | Nonpriority creditor's name and mailing address _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a.

Total of claim amounts

5b. Total claims from Part 2

5b.

+

\$

5c. Total of Parts 1 and 2

5c.

\$

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor Name: Ambasad of Lenox New York, Inc.
 Southern District of New York
 United States Bankruptcy Court for the: _____
 Case number (If known): _____ Chapter _____ (State) _____
 22-10836 11

Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | |
|-----|--|---|
| 2.1 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Commercial Lease</p> <hr/> <hr/> | <p>Lenox Ave Developments LLC c/o Lenox Ave Owner LLC 100 Park Avenue, Suite 2805 New York, New York 10017</p> <hr/> <hr/> |
| | <p>State the term remaining</p> <hr/> | <hr/> |
| | <p>List the contract number of any government contract</p> <hr/> | <hr/> |
| 2.2 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> | <hr/> |
| | <p>State the term remaining</p> <hr/> | <hr/> |
| | <p>List the contract number of any government contract</p> <hr/> | <hr/> |
| 2.3 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> | <hr/> |
| | <p>State the term remaining</p> <hr/> | <hr/> |
| | <p>List the contract number of any government contract</p> <hr/> | <hr/> |
| 2.4 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> | <hr/> |
| | <p>State the term remaining</p> <hr/> | <hr/> |
| | <p>List the contract number of any government contract</p> <hr/> | <hr/> |
| 2.5 | <p>State what the contract or lease is for and the nature of the debtor's interest</p> <hr/> | <hr/> |
| | <p>State the term remaining</p> <hr/> | <hr/> |
| | <p>List the contract number of any government contract</p> <hr/> | <hr/> |

Fill in this information to identify the case:

| | |
|---|----------------------------------|
| Debtor name | Ambassad of Lenox New York, Inc. |
| United States Bankruptcy Court for the: | Southern New York (State) |
| Case number (if known): | _____ |

Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | Column 2: Creditor | |
|---------------------------|-------------------------------|---------------------------|--|
| Name | Mailing address | Name | Check all schedules that apply: |
| 2.1 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.2 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.3 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.4 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.5 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.6 | _____ Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |

Fill in this information to identify the case:

Debtor name Ambassad of Lenox New York, Inc.
 United States I. Southern New York
 Case number (If known): 22-10386 (State)

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

| Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year | | | Sources of revenue Check all that apply | Gross revenue (before deductions and exclusions) |
|---|---|----|--|---|
| From the beginning of the fiscal year to filing date: | From <u>1/1/2021</u> <u>MM / DD / YYYY</u> | to | Filing date | <input checked="" type="checkbox"/> Operating a business \$ <u>50,000.00</u> <input type="checkbox"/> Other _____ |
| For prior year: | From <u>1/1/2020</u> <u>MM / DD / YYYY</u> | to | <u>12/31/2020</u> <u>MM / DD / YYYY</u> | <input checked="" type="checkbox"/> Operating a business \$ <u>84,000.00</u> <input type="checkbox"/> Other _____ |
| For the year before that: | From <u>1/1/2019</u> <u>MM / DD / YYYY</u> | to | <u>12/31/2019</u> <u>MM / DD / YYYY</u> | <input checked="" type="checkbox"/> Operating a business \$ <u>1,200,000.00</u> <input type="checkbox"/> Other _____ |

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

| | | | Description of sources of revenue | Gross revenue from each source (before deductions and exclusions) |
|--|-------------------------------------|----|-----------------------------------|--|
| From the beginning of the fiscal year to filing date: | From _____ <u>MM / DD / YYYY</u> | to | Filing date _____ | \$ _____ |
| For prior year: | From _____ <u>MM / DD / YYYY</u> | to | <u>MM / DD / YYYY</u> | _____ \$ _____ |
| For the year before that: | From _____ <u>MM / DD / YYYY</u> | to | <u>MM / DD / YYYY</u> | _____ \$ _____ |

Debtor

Ambassad of Lenox New York, Inc.

22-10386

Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer Check all that apply |
|---------------------------------------|-------|-----------------------|---|
| 3.1. Creditor's name _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Street _____ | _____ | | |
| City _____ State _____ ZIP Code _____ | _____ | | |
| 3.2. Creditor's name _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Street _____ | _____ | | |
| City _____ State _____ ZIP Code _____ | _____ | | |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
| 4.1. Insider's name _____ | _____ | \$ _____ | _____ |
| Street _____ | _____ | | _____ |
| City _____ State _____ ZIP Code _____ | _____ | | _____ |
| Relationship to debtor _____ | | | |
| 4.2. Insider's name _____ | _____ | \$ _____ | _____ |
| Street _____ | _____ | | _____ |
| City _____ State _____ ZIP Code _____ | _____ | | _____ |
| Relationship to debtor _____ | | | |

Debtor

Name _____

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

| Creditor's name and address | Description of the property | Date | Value of property |
|--|-----------------------------|-------|-------------------|
| 5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | _____ | \$ _____ |
| 5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | _____ | \$ _____ |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|--|--|-----------------------|----------|
| Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | _____ | \$ _____ |
| | Last 4 digits of account number: XXXX- _____ | | |

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|---|-----------------|---|---|
| 7.1. <u>Lenox Avenue v. Ambassador et al</u> Jones, et al. | Breach of Lease | <u>Civil Court, New York County</u> 111 Centre Street New York NY 10013 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number 300326/22 | | City _____ State _____ ZIP Code _____ | |
| Case title 7.2. _____ | | Court or agency's name and address Name _____ Street _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ | | City _____ State _____ ZIP Code _____ | |

Debtor

Name _____

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None

| Custodian's name and address | Description of the property | Value |
|---------------------------------------|--------------------------------------|---------------------------------------|
| Custodian's name _____ | _____ | \$ _____ |
| Street _____ _____ | Case title _____ | Court name and address Name _____ |
| City _____ State _____ ZIP Code _____ | Case number _____ | Street _____ _____ |
| | Date of order or assignment _____ | City _____ State _____ ZIP Code _____ |

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

 None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|---|---|-------------|----------|
| 9.1. Recipient's name _____ Street _____ _____ | _____ | _____ | \$ _____ |
| City _____ State _____ ZIP Code _____ | | | |
| Recipient's relationship to debtor _____ | | | |
| 9.2. Recipient's name _____ Street _____ _____ | _____ | _____ | \$ _____ |
| City _____ State _____ ZIP Code _____ | | | |
| Recipient's relationship to debtor _____ | | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

 None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small> | Date of loss | Value of property lost |
|--|---|--------------|------------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

Ambassad of Lenox New York, Inc.

22-10386

Debtor

Name _____

Case number (if known) _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|----------------|-----------------------|
| 11.1. <u>Sobers Law, PLLC</u> Address <u>11 Broadway, Suite 615</u> Street | | March 30, 2022 | <u>3,500.00</u> |
| New York NY 10004 City State ZIP Code | | | |
| Email or website address _____ _____ _____ _____ | | | |
| Who made the payment, if not debtor? _____ _____ | | | |
| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
| 11.2. _____ Address Street City State ZIP Code | | _____ | \$ _____ |
| Email or website address _____ _____ _____ _____ | | | |
| Who made the payment, if not debtor? _____ _____ | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|--|-----------------------------------|---------------------------|-----------------------|
| Trustee _____ _____ _____ | | _____ | \$ _____ |

Debtor Ambassad of Lenox New York, Inc. Case number (if known) 22-10386

Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|--|--|------------------------|-----------------------|
| 13.1. _____ | _____ | _____ | \$ _____ |
| Address Street _____ _____ City _____ State _____ ZIP Code _____ | | | |
| Relationship to debtor _____ | | | |
| 13.2. _____ | _____ | _____ | \$ _____ |
| Address Street _____ _____ City _____ State _____ ZIP Code _____ | | | |
| Relationship to debtor _____ | | | |

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

| Address | Dates of occupancy |
|---|---------------------|
| 14.1. Street _____ _____ City _____ State _____ ZIP Code _____ | From _____ To _____ |
| 14.2. Street _____ _____ City _____ State _____ ZIP Code _____ | From _____ To _____ |

Debtor

Ambassad of Lenox New York, Inc.

22-10386

Name

Case number (if known)

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.**Facility name and address****Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.1.

Facility name

Street

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- Electronically
- Paper

City State ZIP Code

Facility name and address**Nature of the business operation, including type of services the debtor provides****If debtor provides meals and housing, number of patients in debtor's care**

15.2.

Facility name

Street

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.**How are records kept?***Check all that apply:*

- Electronically
- Paper

City State ZIP Code

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan**Employer identification number of the plan**

EIN: _____ - _____ - _____ - _____ - _____

Has the plan been terminated?

- No
- Yes

Debtor

Ambassad of Lenox New York, Inc.

22-10386

Case number (if known)

Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

| Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| 18.1. Name Street City State ZIP Code | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| 18.2. Name Street City State ZIP Code | XXXX-_____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|---|-----------------------------|---|
| Name Street City State ZIP Code | _____ _____ Address _____ _____ | _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------------------|---|-----------------------------|---|
| Name Street City State ZIP Code | _____ _____ Address _____ _____ | _____ _____ _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Ambassador of Lenox New York, Inc. Case number (if known) _____

22-10386

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

| Owner's name and address | Location of the property | Description of the property | Value |
|---------------------------------------|--------------------------|-----------------------------|----------|
| Name _____ | _____ | _____ | \$ _____ |
| Street _____ | _____ | _____ | |
| City _____ State _____ ZIP Code _____ | | | |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------------|----------------------------------|--------------------|--|
| Case number _____ | Name _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Street _____ | _____ | _____ | |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|---------------------------------------|---------------------------------------|-----------------------------|----------------|
| Name _____ | Name _____ | _____ | _____ |
| Street _____ | Street _____ | _____ | |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ | | |

Ambassad of Lenox New York, Inc.

22-10386

Debtor

Name _____

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material? No Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|---------------------------------------|---------------------------------------|-----------------------------|----------------|
| Name _____ Street _____ _____ | Name _____ Street _____ _____ | _____ | _____ |
| City _____ State _____ ZIP Code _____ | City _____ State _____ ZIP Code _____ | _____ | _____ |

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|---|-------------------------------------|--|
| 25.1. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | EIN: _____ - _____ - _____ Dates business existed From _____ To _____ |
| 25.2. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | EIN: _____ - _____ - _____ Dates business existed From _____ To _____ |
| 25.3. Name _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | EIN: _____ - _____ - _____ Dates business existed From _____ To _____ |

Debtor Ambassad of Lenox New York, Inc. Case number (if known) 22-10386

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

| Name and address | | Dates of service | |
|------------------|-------|------------------|----------|
| 26a.1. | | From _____ | To _____ |
| Name | | | |
| Street | | | |
| City | State | ZIP Code | |
| Name and address | | Dates of service | |
| 26a.2. | | From _____ | To _____ |
| Name | | | |
| Street | | | |
| City | State | ZIP Code | |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

| Name and address | | Dates of service | |
|------------------|-------|------------------|----------|
| 26b.1. | | From _____ | To _____ |
| Name | | | |
| Street | | | |
| City | State | ZIP Code | |
| Name and address | | Dates of service | |
| 26b.2. | | From _____ | To _____ |
| Name | | | |
| Street | | | |
| City | State | ZIP Code | |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

| Name and address | | If any books of account and records are unavailable, explain why |
|------------------|-------|--|
| 26c.1. | | |
| Name | | |
| Street | | |
| City | State | ZIP Code |

Debtor

Ambassad of Lenox New York, Inc.

Name

22-10386

Case number (if known)

Name and address**If any books of account and records are unavailable, explain why**

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None
Name and address

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No

 Yes. Give the details about the two most recent inventories.
Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

\$

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor

Ambassad of Lenox New York, Inc.

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22-10386

Case number (if known)

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
| _____ | _____ | \$ _____ |

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-----------|--|-------------------------------------|-----------------------|
| Fara Fall | 339-341 Lenox Avenue New York, New York 10027 | Principal | 100 |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

 No Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|-------|---------|-------------------------------------|---|
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |
| _____ | _____ | _____ | From _____ To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|--|--|-------|--------------------------------|
| 30.1. Name _____ _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | _____ | _____ |
| Relationship to debtor _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Debtor

Ambassad of Lenox New York, Inc.

Name

22-10386

Case number (if known)

30.2

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation
EIN: _____ - _____ - _____ - _____ - _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund
EIN: _____ - _____ - _____ - _____ - _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/05/2022
MM / DD / YYYY

/s/ Fara Fall

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Principal

Fara Fall
Printed name _____

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court

Southern _____

New York _____

In re

Ambassad of Lenox New York, Inc.

22-10386

Case No. _____

Debtor

Chapter 11 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|-------------|
| For legal services, I have agreed to accept | \$ 6,500.00 |
| Prior to the filing of this statement I have received | \$ 3,500.00 |
| Balance Due | \$ 3,000.00 |

2. The source of the compensation paid to me was:

Debtor Other (specify) Debtor's Principal: Fara Fall

3. The source of compensation to be paid to me is:

Debtor Other (specify) Debtor's Principal: Fara Fall

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 5, 2022

Date

Virian Sobers
Signature of Attorney
Sobers Law, PLLC

Name of law firm

**United States Bankruptcy Court
Southern District of New York**

In re Ambassad of Lenox New York, Inc.

22-10386

Case No.
Chapter 11

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|--|----------------|----------------------|------------------|
|--|----------------|----------------------|------------------|

None

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 5, 2022

/s/ Fara Fall
Signature _____

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*